



# APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Georgia Department of Human Resources - Division of Physical Health - Family Health Services Section - Maternal / Child Health Unit - Room 365-S 47 Trinity Ave. S.W. - Atlanta, Ga. 30334	Application Number	75-178-A
Application Number		Date Received SEP 15 1978	Date Completed OCT - 3 1978
2. Person to Contact		Working Title	Telephone Number
3. Action Requested			
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.		Records Series	
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.		Title [Division reorganization]	
c. <input checked="" type="checkbox"/> Amend Application No. 75-178 Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest	5. Records Series Title (followed by title used in office, if different)  Child Health Program Subject Files		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to:  Included are:  File is arranged:			
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
		<i>Elizabeth W. Crank</i> Elizabeth W. Crank, C.R.M.	9/15/78

  

State Records Committee (Signature)		Date
State Auditor/Designee	<i>Wm Dixon</i>	9-29-78
Secretary of State/Designee	<i>Canace Hart</i>	9-26-78
Attorney General/Designee	<i>M. M. Well</i>	9-19-78

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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1. Application Date July 30, 1975	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received: JUL 31 1975 Application No.: 75-178 Date Completed: AUG 17 1975	
2. Agency Application No. DHR-DPH - 44			
3. Agency, Division, Subdivision & Administering Office Address Georgia Department of Human Resources Division of Physical Health - Child Health Unit 47 Trinity Avenue, S. W. - Room 213-H Atlanta, Georgia 30334		4. Person in Contact Mrs. Pat Melson	
		5. Working Title Clerk II	6. Tel. No. 656-4722

7. ACTION REQUESTED

- ☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1968 to date	9. Exact Series Title CHILD HEALTH UNIT SUBJECT FILES
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0. What is the function of the office in which this record series is created?  
The Division of Physical Health is responsible for the administration, direction, and coordination of the physical health programs throughout the State. This is accomplished by the establishment of health standards for business, housing, field operations, and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State.

The Child Health Unit has the responsibility to improve and promote health care for all children in Georgia by increasing services to them through development of the capabilities of local and district health departments, as well as other agencies which provide preventive and maintenance health services for children and their families.

1. This file contains the following documents (include form numbers and titles, if any, and file arrangement). *administering*  
Documents relating to programs serving infants, children and youth in the State.  
Included are papers which give information about screening programs to detect various diseases and defects in infants, children and youth; *and workshops* concerned with emphasizing the responsibilities of the public health nurse and to deliver continuing information and methods in caring for healthy children, as well as those who need special care, through teaching proper nutrition, nursing care, and demonstrating techniques for observing children for signs of illness, vision, hearing and other health problems.  
The file is arranged alphabetically by category; thereunder alphabetically by subject.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	4	6		2	3
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
				8	
				This Year's	Last Year's
			AVERAGE DAILY REFERENCES approximately	5	5

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES."

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 5 years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

Needed for reference and for scheduling conferences and workshops

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER \_\_\_\_\_, then:

- ☒ Hold in the current files area \_\_\_\_\_ month(s)/ 2 year(s):  
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold \_\_\_\_\_ year(s):  
☐ Destroy.  
☒ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Elizabeth A. (Crank) H. B. Kees</i>	<i>7/31/75</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Leeann Mannick, M.D.</i>	<i>7-31-75</i>
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William H. Dyer</i>	<i>8-15-75</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Ford</i>	<i>8-13-75</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>W. H. Dyer</i>	<i>8-15-75</i>

STATE RECORDS  
COMMITTEE